Case 24-06098 Doc 37-2 Filed 02/19/25 Entered 02/19/25 10:05:05 Desc Exhibit A: Budget Page 1 of 5

Fill in this information to identify your case:							
Debtor 1	Bobby	Terrell	Dockery				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States	Bankruptcy Court for	the :NORTHERN DISTRICT O	F ILLINOIS				
Case Number	24-06098						
(If known)							

he	ck if this is:
Х	An amended filing
	A supplement showing post-petition
	chapter 13 income as of the following dat
	MM / DD / YYYY

## Official Form 106I

## **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe Employment						
	Fill in your employment information		Debtor 1		Debtor 2 or non-filing spouse		
attach a	ave more than one job, separate page with ion about additional ers.	Employment status	X Employed Not employed		Employed  Not employed		
	part-time, seasonal, or ployed work.	Occupation	Bus Servicer				
	tion may Include student maker, if it applies.	Employers name	Pace Suburban B	us Service			
		Employers address	550 W Algonquin	Road			
			Arlington Heights	, IL 60005			
		How long employed there?	Since 1/1/2013				
Estimat spouse If you o	Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.						
				For Debtor 1	For Debtor 2 or non-filing spouse		
List monthly gross wages, salary and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be				\$5,158.10	\$0.00		
3. Estima	3. Estimate and list monthly overtime pay.			\$0.00	\$0.00		
4. Calcul	ate gross income. Add line	2 + line 3.		\$5,158.10	\$0.00		

 Official Form 106I
 Record # 918442
 Schedule I: Your Income
 Page 1 of 2

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 Debtor 1
 Bobby
 Terrell
 Dockery
 Case Number (if known)
 24-06098

 First Name
 Middle Name
 Last Name

				For Debtor 1	For Debtor :		
	Copy	y line 4 here	4.	\$5,158.10	\$0.	00	
5. <b>L</b>	ist all	payroll deductions:					
	5a. <b>T</b>	ax, Medicare, and Social Security deductions	5a.	\$1,103.33		\$0.00	
	5b. <b>N</b>	Mandatory contributions for retirement plans	5b.	\$371.39		\$0.00	
	5c. <b>V</b>	oluntary contributions for retirement plans	5c.	\$0.00		\$0.00	
	5d. <b>F</b>	Required repayments of retirement fund loans	5d.	\$0.00		\$0.00	
	5e. <b>I</b>	nsurance	5e.	\$303.33		\$0.00	
	5f. <b>C</b>	Domestic support obligations	5f.	\$0.00		\$0.00	
	5g. <b>L</b>	Jnion dues	5g.	\$0.00		\$0.00	
	5h. <b>C</b>	Other deductions. Specify:	5h.	\$0.00		\$0.00	
6. <b>A</b>	dd the	payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6.	\$1,778.05		\$0.00	
7. <b>C</b>	alcula	te total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,380.04	\$0.0	0	
8. <b>Li</b>	st all	other income regularly received:					
	8a.	Net income from rental property and from operating a business,					
		profession, or farm					
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					
		monthly net income.	8a.	\$0.00		\$0.00	
	8b.	Interest and dividends	8b.	\$0.00		\$0.00	
	8c.	Family support payments that you, a non-filing spouse, or a	8c.	\$ 0.00		\$ 0.00	
		dependent regularly receive					
		Include alimony, spousal support, child support, maintenance, divorce					
		settlement, and property settlement.					
	8d.	Unemployment compensation	8d.	\$0.00		\$0.00	
	8e.	Social Security	8e.	\$0.00		\$0.00	
	8f.	Other government assistance that you regularly receive	8f.	\$0.00		\$0.00	
		Include cash assistance and the value (if known) of any non-cash					
		assistance that you receive, such as food stamps (benefits under the					
		Supplemental Nutrition Assistance Program) or housing subsidies.					
		Specify:					
	8g.	Pension or retirement income	8g. —	\$0.00		\$0.00	
	8h.	Other monthly income. Specify:	8h. —	\$0.00		\$0.00	
9.	Add	all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9	\$0.00		\$0.00	
10.	Calc	ulate monthly income. Add line 7 + line 9.	10.	\$3,380.04 +	\$0.0	0 =	\$3,380.04
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	_	<del>+0,000.0</del> .	40.0		ψο,σσσ.σ-ι
11.	Incluothe Other	e all other regular contributions to the expenses that you list in <i>Schedul</i> de contributions from an unmarried partner, members of your household, your friends or relatives.  Not include any amounts already included in lines 2-10 or amounts that are resify:	our dependent			11.	\$0.00
12.	Δdd	the amount in the last column of line 10 to the amount in line 11. The re	sult is the com	hined monthly income			75.30
	Write	e that amount on the Summary of Schedules and Statistical Summary of Co	ertain Liabilitie	•	t applies	12.	\$3,380.04
13.	_	ou expect an increase or decrease within the year after you file this forn	n'?				
	Ш	Yes. Explain:					

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Fill	in this in	formation to identify yo	ur case:				
De	btor 1	Bobby	Terrell	Dockery	Check if this is:		
		First Name	Middle Name	Last Name	x An amende	ed filing	
	btor 2 ouse, if filing)	First Name	Middle Name	Last Name		ent showing post of the following o	-petition chapter 13
Un	ited States	Bankruptcy Court for the : _	NORTHERN DISTRICT	OF ILLINOIS_			ace.
Ca	se Number	24-06098			MM / DD / `	YYYY	
	known)			<del></del>	A	611 f D . l. 4	0 h D - h t 0
∩ffi	cial E	orm 106J				tiling for Debtor separate house	2 because Debtor 2
Sch	nedul	e J: Your Ex	penses				12/15
more s	-	needed, attach another			re equally responsible for supplyi es, write your name and case num	=	
Part	1i D	escribe Your Household					
1. Is	this a joi	nt case?					
Ļ	=	Go to line 2.					
L	Yes. I	Does Debtor 2 live in a s	separate household?				
		No.					
		Yes. Debtor 2 mus	t file a separate Schedu	ile J.			
2.	Do you h	nave dependents?	X No		Dependent's relationship to	Dependent's	Does dependent live
	Do not lis	st Debtor 1 and		t this information for	Debtor 1 or Debtor 2	age	with you?
	Do not st	ate the dependents'					Yes
	names.	•					X No
							Yes
							X No
							Yes
							X No
							Yes X No
							Yes
3.	-	expenses include s of people other than	X No				
	-	and your dependents?	Yes				
Part	2: =	stimate Your Ongoing Me	onthiv Evnances				
				less you are using this form	as a supplement in a Chapter 13 of	case to report	
	-	•		•	heck the box at the top of the for	•	
	pplicable						
	-	-	=	ance if you know the value • Income (Official Form 106l.)		•	our expenses
							·
		-	cpenses for your resid	ence. Include first mortgage p	payments and	4.	¢4.696.00
	-	or the ground or lot.				4.	\$1,686.00
		al estate taxes				4a.	\$0.00
		perty, homeowner's, or r	enter's insurance			4b.	\$0.00
		me maintenance, repair,				4c.	· ·
		ne maintenance, repair, neowner's association of				4c. 4d.	\$0.00 \$0.00
	-u. ⊓0∏	ncowners association of	condominium dues			<b>4</b> u.	\$0.00

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Case Number (if known) \_\_\_24-06098 Bobby Terrell Debtor 1

ebtor 1		<del>-</del>	Case Number (if known)24-00098		
	First Name Middle Name	Last Name		Your expens	05
				Tour expens	
5. <b>A</b>	dditional Mortgage payments for your reside	ence, such as home equity loans	5.		\$0.0
	tilities:		Go		<b>#</b> 0.0
_	a. Electricity, heat, natural gas		6a.		\$0.0
6	, , , ,	d - -	6b.		\$0.0
6			6c.		\$120.0
	d. Other. Specify:		6d.	<b>\$</b>	0.0
	ood and housekeeping supplies		7.		\$375.0
	hildcare and children's education costs		8.		\$0.0
	lothing, laundry, and dry cleaning		9.		\$40.0
0. <b>P</b>	ersonal care products and services		10.		\$15.0
	edical and dental expenses		11.		\$0.0
	ransportation. Include gas, maintenance, bus o not include car payments.	or train fare.	12.		\$258.0
3. <b>E</b>	ntertainment, clubs, recreation, newspapers,	, magazines, and books	13.		\$0.0
ł. C	haritable contributions and religious donation	ons	14.		\$0.0
	surance. o not include insurance deducted from your pa	ay or included in lines 4 or 20.			
1:	5a. Life insurance		15a.		\$0.0
1	5b. Health insurance		15b.		\$0.0
1	5c. Vehicle insurance		15c.		\$188.0
1	5d. Other insurance. Specify:		15d.		\$0.0
6. <b>T</b>	axes. Do not include taxes deducted from your	r pay or included in lines 4 or 20.			
S	pecify: Federal or State Tax Deduction	ons or Repayments	16.		\$0.0
7. Ir	stallment or lease payments:				
1	7a. Car payments for Vehicle 1		17a.		\$0.0
1	7b. Car payments for Vehicle 2		17b.		\$0.0
1	7c. Other. Specify:		17c.		\$0.0
1	7d. Other. Specify:		17d.		\$0.0
8. <b>Y</b>	our payments of alimony, maintenance, and	support that you did not report as deducted	1		
fr	om your pay on line 5, Schedule I, Your Inco	ome (Official Form 106I).	18.		\$0.0
9. <b>o</b>	ther payments you make to support others v	who do not live with you.			
S	pecify:		19.		\$0.0
o. <b>o</b>	ther real property expenses not included in I	lines 4 or 5 of this form or on Schedule I: Yo	our Income.		
2	Da. Mortgages on other property		<b>20a</b> .	\$	0.0
2	0b. Real estate taxes		20b.	\$	0.0
2	Oc. Property, homeowner's, or renter's insuran	ce	20c.	\$	0.0
2	0d. Maintenance, repair, and upkeep expenses	s	20d.	\$	0.0
2	De. Homeowner's association or condominium	dues	20e.	\$	0.0

Official Form 1066J Record # 918442 Schedule J: Your Expenses Page 2 of 3 Case 24-06098 Doc 37-2 Filed 02/19/25 Entered 02/19/25 10:05:05 Desc Exhibit A: Budget Page 5 of 5

Debto	r 1 <u>Bo</u>	obby	Terrell	Dockery	_	9	Case Number (if known) _	24-06098	
	Firs	st Name	Middle Name	Last Name					
21.	Other.	Specify:				-		21.	\$0.00
22	Your m	nonthly expens	e: Add lines 4 through 21.					22.	\$2,682.00
	The res	sult is your mor	thly expenses.					L	. ,
23.	Calcula	ate your month	lly net income.						
	23a.	Copy line	12 (your comibined monthly inc	come) from Schedule	I.			23a.	\$3,380.04
	23b.	Copy your	monthly expenses from line 22	2 above.				23b. 🕳	\$2,682.00
	23c.	Subtract yo	our monthly expenses from you	ur monthly income.				23c.	\$698.04
		The result	is your monthly net income.					[	Ψ030.04
24.	Do νοι	u expect an inc	rease or decrease in your exp	penses within the vea	ar after vou f	ile this for	m?		
	-	-	expect to finish paying for your	=	-				
			increase or decrease because	•	•				
	$\lceil \mathbf{x} \rceil_{N}$	No							
	Н.		ain Here:						
	Ш'	сэ. схра	alli riere.						

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 Record #
 918442
 Schedule J: Your Expenses
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